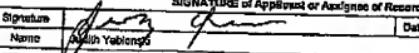


<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number <b>10/877,851</b>
	Filing Date <b>September 22, 2003</b>
	First Named Inventor <b>Michael Yablonka</b>
	Art Unit <b>3705</b>
	Examiner Name <b>David H. Wilcox</b>
	Attorney Docket Number <b>680354.402</b>

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<input type="checkbox"/> I hereby revoke all previous powers of attorney given in the above-identified application.		
<input type="checkbox"/> A Power of Attorney is submitted herewith.		
OR		
<input checked="" type="checkbox"/> I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: <b>00500</b>		
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:		
<input checked="" type="checkbox"/> The address associated with Customer Number <b>00500</b>		
OR		
<input type="checkbox"/> Firm or Individual Name		
Address		
City	State	Zip
Country		
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I am the:		
<input type="checkbox"/> Applicant/Inventor.		
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)		
<input type="checkbox"/> As assignee of record of the entire interest (we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).		
SIGNATURE of Applicant or Assignee of Record		
Signature 	Date <b>8/17/06</b>	
Name <b>Michael Yablonka</b>		
Title and Company (Assignee)		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> *Total of 1 form is submitted.		

SMD TO: Commissioner for Patents, P.O. Box 1400, Alexandria, VA 22313-1400.

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